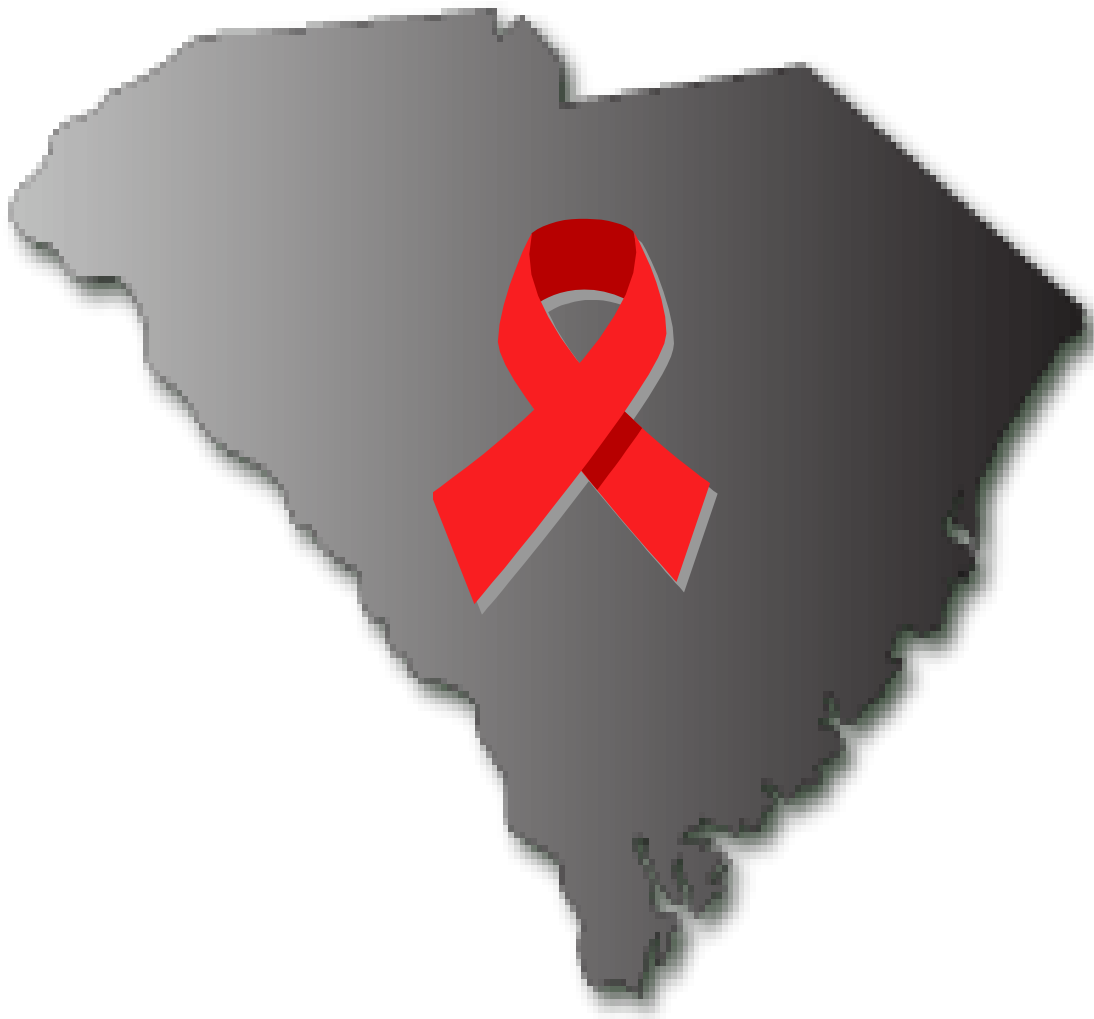


# South Carolina Ryan White Quality Management Plan



Department of Health and  
Environmental Control  
Division of STD/HIV

South Carolina Ryan White Quality Management Plan CY 2015

## DRAFT for 2015

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## **Introduction**

The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau in coordination with HRSA's Office of Performance Review aligned quality measures with performance measures to identify priority quality measures for grantees. These measures are consistent with measures selected by stakeholders of all HIV programs in the state. The goal of the Quality Management Plan outlined in the following pages is to improve the quality of care for people living with HIV in South Carolina. An effective quality management plan will directly support quality improvement activities in the state and assist in the development of a supporting infrastructure across the defined service area consistent with legislative requirements and expectations for all Parts of the Ryan White HIV/AIDS Treatment Modernization Act.

### **A. Ryan White Background and History**

The Ryan White HIV/AIDS Program is the largest federal program focused exclusively on HIV/AIDS care. The program is for individuals living with HIV/AIDS who do not have sufficient health care coverage or financial resources. Ryan White fills gaps in care not covered by other sources. The United States Congress enacted the Ryan White program in 1990. The program has been reauthorized in 1996, 2000, 2006, and 2009 with each reauthorization accommodating new and emerging needs. The goal is to improve the quality and availability of care for individuals infected with HIV and those families affected by HIV disease by providing emergency assistance to regions most severely affected by the HIV epidemic. Since 2000, the Ryan White legislation has included specific provisions directing grantees to establish, implement and sustain quality management programs, which includes monitoring of the quality of medical care and services provided to ensure that People Living with HIV/AIDS (PLWHA) who are eligible for treatment will receive it.

The Ryan White HIV/AIDS Program is administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB).

### **B. Quality Statement**

The goal to improve access to quality healthcare is fundamental to the mission, values, and strategic plan for South Carolina Department of Health and Environmental Control. The quality management program utilizes a multidisciplinary approach working collaboratively with all stakeholders. The quality management program functions to assure continuous monitoring, evaluation and process improvement within the SC Department of Health & Environmental Control (DHEC), STD/HIV Division, and HIV Care & Support Programs. The mission of the HIV Quality Management Program and

the STD/HIV Division is to ensure that all people living with HIV/AIDS in South Carolina receive quality medical care and support services to improve health outcomes.

The key components of the Ryan White Quality Management Program are:

- Performance and Outcome Measurement
- Data Analysis, Presentation and Evaluation
- Identification and utilization of Continuous Quality Improvement (CQI) strategies
- Implementation of CQI initiatives
- Monitoring adherence to the standards of care and established HIV clinical practices
- Coordination of data collection for the agency's review by outside organizations
- Identification of solutions for improvement in processes and outcomes

### **C. Mission Statement**

The mission of the Ryan White Quality Management (QM) Program is to ensure that quality medical care and supportive services are provided to people living with HIV/AIDS in South Carolina. This will be accomplished through the development of a comprehensive quality management plan that utilizes outcome and epidemiological data to improve the delivery of medical care and support services, as well as improving access to medical care and adherence to treatment.

### **D. Purpose**

The quality management program will provide a mechanism for objective review, continuous monitoring, evaluation and implementation of improvement strategies in order to enhance the quality of medical care and support services provided to people living with HIV/AIDS, through all sources of Ryan White funding including Part A, B (including ADAP), C, D, F, MAI and Emerging Communities by:

- Working collaboratively with direct service providers, funded through Ryan White, to ensure that providers adhere to the established HIV clinical practice standards and Public Health Services (PHS) Guidelines.
- Utilizing continuous quality improvement strategies, including vital health-related supportive services, to improve access to and retention in HIV medical care and improve treatment adherence.
- Utilizing available demographic, clinical and outcomes data to monitor the continuum of care for HIV related illnesses, emerging trends, and identified needs.

### **E. Ryan White Expectations**

A major focus of the Ryan White program is to eliminate barriers to accessing care and to continuously improve the quality of care and services received by Ryan White clients.

Requirements direct grantees to:

- Ensure that service providers adhere to established HIV clinical practices and PHS guidelines;
- Ensure that quality improvement strategies include support services to assist clients in receiving appropriate HIV care (e.g., transportation assistance, case management) and treatment;
- Ensure that trends are monitored and identified along the care continuum for HIV related illnesses through the utilization of demographic, clinical, and performance data.

Emphasized in the Ryan White Program expectations, quality management programs are pivotal in addressing the following key themes:

- Ensuring improved linkage and access to medical care and support services for HIV+ individuals aware of their status.
- Enhancing the quality of services and outcomes.
- Linking medical services and social support services.
- Making changes within programs to align with trends/needs of the evolving epidemic.
- Utilizing quality, epidemiological, and outcome data to establish priorities
- Ensuring accountability (resources, responsibility, implementation, etc.).

## **F. Definition of Quality**

*Quality is defined by HRSA's HIV/AIDS Bureau/Division of Service Systems as the degree to which a health or social service meets or exceeds established professional standards and user expectations. In order to continuously improve systems of care for individuals and populations, evaluation of the quality of care should consider:*

- The quality of inputs.
- The quality of the service delivery process
- The quality of outcomes.

## **Quality Infrastructure**

### **A. Leadership and Accountability**

Ryan White Division staff provides oversight and management of the RW Part B and D grants. Staff monitors all Ryan White funds and grantees to ensure that Ryan White funds are the payer of last resort. The Division leadership is dedicated to the quality improvement process and guides the quality management plan.

### **B. Roles and Responsibilities of SC DHEC Staff:**

#### ***Ryan White Program Manager:***

The Program Manager directs and manages the federal Ryan White Part B and Housing

Opportunities for Persons with AIDS (HOPWA) programs for the state. These programs include local HIV service providers and short and long-term housing assistance services. The Program Manager directs all organizational and operational planning and administering for these statewide programs.

***Ryan White ADAP Manager:***

The ADAP Manager directs all ADAP daily operations including data management and contract monitoring. The ADAP manager tracks and analyzes program financial data to include monitoring ADAP expenditures, projecting medication costs and utilization rates to ensure efficient use of program resources and to maintain continuous access to pharmaceuticals. The ADAP manager prepares reports, as required and works collaboratively with RW providers and contract pharmacies.

***Ryan White Quality Management Coordinator:***

The RW QM Coordinator analyzes, interprets and evaluates services and client data from a variety of sources, including reports from RW service providers and the AIDS Drug Assistance Program (ADAP). The RW QM Coordinator consults with and provides technical assistance to RW service providers to develop an effective Continuous Quality Improvement (CQI) program. The RW QM Coordinator reviews inappropriate ARV regime alerts from pharmacies and/or providers with the ADAP Clinical Consultant. The RW QM Coordinator also works in collaboration with providers to develop Plan, Do, Study, Act (PDSA) cycles and action plans for improvement, serving as a quality resource for all RW Parts and as a conduit for referrals to the AIDS Education Training Center (AETC).

***Ryan White Data Manager:***

The Ryan White Data Manager is responsible for interpreting federal and local program guidelines for data requirements in order to effectively collect required data elements necessary to maintain funding. Working as a health information strategist, the Data Manager works closely with RW Part B service providers to ensure all included elements are fully reported and accurately available for evaluation.

***Ryan White Part B/D and HOPWA Coordinator:***

The Ryan White Part B/D and HOPWA coordinator manages the development, coordination and evaluation of the statewide Ryan White Part D program and conducts routine programmatic monitoring of Ryan White and HOPWA service providers, through site visits and reporting. The Ryan White Part B/D and HOPWA coordinator serves in a consultant capacity to grantees to better coordinate case management service delivery.

### **C. Quality Management Steering Committee**

The Quality Management Steering Committee provides guidance, consultation and input regarding the overall Quality Management Program. The QM Steering committee utilizes a multidisciplinary approach in order to provide objective review, evaluation and continuing improvement of HIV care and support services. The QM Steering Committee reviews performance indicators/measures from the numerous HIV quality initiatives and determines the measures to be included for annual review. The Quality Management Steering Committee members share information regarding quality management plans, best practices, and processes both within the organization and among network partners.

The state membership consists of individuals representing Ryan White Part A, B (including ADAP), C, D and F programs, as well as SC DHEC representatives from the Ryan White program, STD/HIV Prevention Program, Office of Pharmacy and Division of Surveillance and Technical Support. Participation by Part B providers is required under contract with DHEC and providers for Ryan White Parts A, C, D and F are invited. The inclusion of all providers (A, B, C, D and F) is essential for statewide coordination and collaboration of care to PLWHA. Designees from the following agencies are included in the committee membership:

*Access Network, Affinity Health Center, AID Upstate, Beaufort Jasper Comprehensive Health Services, Caresouth Carolina, Careteam, Charlotte TGA Part A, SC DHEC, Hope Health Edisto, Hope Health Pee Dee, Hope Health Lower Savannah, Laurel Medical Center, Little River Medical Center, Low Country AIDS Services (LAS), Low Country Health Care System, Medical University of SC, MUSC OPAC Pediatrics, New Horizons Family Health Services, Piedmont Care, Roper St. Frances, Sandhills Medical Foundation, SC HIV/AIDS Council, Spartanburg Regional Healthcare System, Sumter Family Health Center, Upper Savannah Care, USC Department of Medicine.*

Persons living with HIV are included in the committee and other entities may be invited. The Quality Management steering committee is a face to face biannual meeting organized by Part B and will meet in January and July. Periodic conference calls may be included as needed.

The QM Coordinator serves as the DHEC point of contact to the South Carolina Ryan White Quality Management Steering Committee and will schedule, coordinate, plan and chair the QM Steering Committee meetings. A community committee co-chair will be selected at the July meeting.

### **D. Clinical Care Provider Advisory Committee** (formerly Physician Advisory Committee)

The Clinical Care Provider Advisory Committee will be reconvened and will be comprised of prescribing clinicians, interdisciplinary clinical care providers (social work, nursing, nutrition, etc.) from around the state and will include representation from the SC DHEC Office of Pharmacy and the ADAP Specialty Pharmacy (Panther). The committee

provides recommendation/consultation as needed; input into the selection of ADAP performance measures and supports the quality management program.

#### **E. HIV Planning Council**

The South Carolina HIV Planning Council (HPC) is an active statewide planning body that includes representatives from a wide variety of HIV prevention and care organizations and consumers from around the state. DHEC RW staff attends the HPC meetings. DHEC works in collaboration with the SC HPC committee to address prevention and care needs for persons living with HIV/AIDS. The RW quality program may present the selected performance measures to the HPC committee and the Positive Advocacy subcommittee for review and feedback. The HPC meets five times during the calendar year.

#### **F. Resources**

##### **Dedicated Resources**

- SC DHEC, STD/HIV Division Director, Infectious Disease Medical Consultants, HIV Care & Support Service Program Director, Part D Coordinator, ADAP Coordinator, Ryan White Data Manager, HIV Planning Council, Part B Coordinator, Surveillance Director, HIV Surveillance Coordinator, SCDHEC Pharmacy Director, Viral Hepatitis Coordinator, HIV/Viral Hepatitis Prevention Program Manager, Quality Management Coordinator and ADAP Specialty Pharmacy (Panther).

##### **Key Stakeholders**

- Ryan White Grantee, HIV Medical Care and Support Service Providers
- Consumers of HIV Health Care and Supportive Services

### **South Carolina Ryan White Providers**

#### **A. Ryan White Part A Provider**

*Affinity health Center (formerly Catawba Care) funded through Charlotte Mecklenburg TGA.*

#### **B. Ryan White Part B Providers (DHEC Contractors)**

*ACCESS Network; Affinity Health Center; AID Upstate; CARETEAM; Hope Health-Edisto; Hope Health-Lower Savannah; Hope Health- Pee Dee; Low Country AIDS Services; Medical University of South Carolina; Piedmont Care; South Carolina HIV/AIDS Council; University of South Carolina; and Upper Savannah Care Services.*



### **C. Ryan White Part C Providers**

*\*Affinity Health Center; Beaufort-Jasper Comprehensive Health Services; Caresouth Carolina; Little River Medical Center; Low Country Health Care System Inc; New Horizon Family Health Services; Eau Claire Cooperative Health Centers, Inc.; Roper St. Francis Foundation; Sandhills Medical Foundation; Spartanburg Regional Healthcare System; and \*Hope Health-Pee Dee. (\*Denotes: also Part B provider).*

### **D. Ryan White Part D Providers**

*Medical University of South Carolina and University of South Carolina*

### **E. Ryan White Part F Provider**

*AIDS Education Training Center (AETC)*

### **F. Ryan White ADAP**

## **Program Data**

### **A. Data Overview**

The Ryan White HIV/AIDS Program consistently enhances the way in which data are managed and optimized. By utilizing the HIV/AIDS Bureau (HAB) Performance Measures as the measurement framework, the SC QM program converts data statements into questions (i.e. linkage and retention outcomes). The recent enhancements to the HAB Core Performance Measures allow the SC QM program to monitor the entire HIV Care Continuum in order to identify those individuals who are HIV positive, link those individuals to care and strive to retain those individuals in care, therefore achieving the goal of viral suppression. The program works with service providers to identify areas of high performance and convert those best practices into actionable steps for continuous improvement. The SC RW QM program continues to ensure equal access to quality healthcare services through collaboration with providers, aligning with the goals of the National HIV/AIDS Strategy (NHAS).

### **B. Data Selection**

Performance Measures are selected by the QM Steering Committee. The various initiatives reviewed for measure selection include HIV performance measures from the In+Care campaign, HIV/AIDS Bureau (HAB) performance measures, and the SC Data to Care campaign; aligning the measures along the HIV Care Continuum. The selected statewide performance measures represent key clinical decision points and reflect priorities for the community and providers. Currently data is not required to be submitted

to HAB, however grantees are encouraged to continuously monitor and trend performance data in order to evaluate the quality of care and services provided.

- Appendix C - Performance Measures
- Appendix D - ADAP Performance Measures

### **C. Data Collection**

South Carolina Ryan White providers are using a variety of resources to collect data (Provide Enterprise, CAREWare, EMR's, etc.). SC DHEC continues to work closely with providers providing technical assistance around data management.

- During the fourth quarter of each year, providers are sent a reporting schedule for the upcoming year, to include the due dates of quality reports, part B and D activities and other essential projects.
  - Appendix A - Part B Providers
  - Appendix B - Part D Providers
- Data sources for the performance indicators/measures are identified to assure appropriate access to data. The source and placement of information is identified, providers will then develop and/or modify appropriate data collection tools (specific reports) to ensure targeted information is being collected. The agencies' staff develops and communicates a data analysis plan prior to running final reports. The analysis plan will ensure appropriate storage of data in order to prevent inappropriate access, loss or theft through system breakdown. Standards of confidentiality, privacy and security are communicated to all parties involved to ensure security of client data.
- South Carolina Ryan White Part B providers and ADAP utilize Provide Enterprise (PE) to collect, report, and analyze data. SC DHEC continuously works closely with each provider to provide technical assistance around data management. PE enables providers to run customized Client Level Data Reports and Clinical Report Cards (CRC) that meet the data requirements of the QM program. Reports are run by the provider; the data/report is submitted, via secure portal in PE, to the RW Data Manager and QM Coordinator. The performance measures are currently analyzed annually, per calendar year, at the state level. Additional monitoring is on-going at the provider level.
  - Data Integrity Call: Data Integrity sessions provide support assisting providers to identify areas for improvement.
    - Session 1 occurs as part of RSR Technical Assistance (December – March). Providers are assisted with “reading” their XML files using tools in *Provide Enterprise* and their Clinical Report Card backup data files. Missing elements are identified and entered to ensure RSR completeness for demographic, service, and clinical inputs. The focus

of this session 1 is on the completeness of data, later to be measured for quality by the SC QM program.

- During Session 2, each provider reviews their Clinical Report Card. This session is completed prior to the quality management site visit. The focus of data support allows providers to “fact check” the clinical outcomes and to understand how quality is reported. Providers are able to utilize client-level lists report to identify and review under-performing outcomes and clinical exceptions.
- ADAP Data: ADAP monitors adherence and effectiveness of therapy by measuring refill intervals for anti-retroviral therapy and identifying inappropriate anti-retroviral regimen. The outcomes from ADAP-related therapy are measured utilizing the Clinical Report Card to evaluate clinical outcomes of PLWHA on anti-retroviral therapy. Currently, the quality management program is collecting data for the ADAP performance measure: *Inappropriate Antiretroviral Regimen Components Resolved by ADAP*. The Clinical Review Process for review of inappropriate antiretroviral regimen has been implemented by ADAP. This review process is a collaborative, multidisciplinary approach for the review of anti-retroviral medications in order to identify inappropriate antiretroviral regimens. When an inappropriate antiretroviral regimen is identified, the QM program is notified by the pharmacy (Panther) and /or RW provider; the ADAP medical consultant is contacted for clinical review of the ARV regimen, which may include contacting the prescribing clinician in order to recommend modifications of the ARV regimen and provide follow up recommendations for resolution. The ADAP program will track the percentage of identified inappropriate antiretroviral regimens that are identified and resolved in order to provide care and treatment consistent with PHS guidelines. The quality management program will plan to collect and report data for HAB ADAP Performance Measures (Application Determination, Eligibility Recertification, & Formulary) in CY 2016.

#### **D. Data Utilization**

Performance measurement is a fundamental component of the quality management program and is an essential element of the continuous quality improvement process. Performance data will be utilized to monitor quality of care, ensure adherence with best practices/standards of care guidelines and to identify and prioritize quality improvement activities. Data is also used to prioritize projects and evaluate changes in order to improve quality of care and services provided to PLWHA.

- Internally, SC Quality Management data is retrieved and analyzed from All Parts,

and used to identify opportunities for improvement within the Ryan White program. Emerging trends affecting HIV care and service delivery in South Carolina are addressed. Quality reviews and feedback allow providers and DHEC to prioritize identified needs; therefore, enabling appropriate funding to be budgeted at the local level.

- Externally, Ryan White providers compare their performance results for clinical outcomes against their prior performance, the state average and established targets. This comparative process allows providers to note gains in performance and also to identify gaps/opportunities for improvement. Providers are working to continuously improve the quality and systems of services offered to clients. The measurement and analysis of the SC QM data is pivotal for the evaluation of medical and support care services provided to HIV/AIDS clients. SC DHEC and Ryan White providers work collaboratively to ensure the delivery of quality medical care and support services to HIV/AIDS clients.

## **Annual Quality Goals**

### **A. Overall Strategies for Achieving the Goals of the Quality Management Program**

A systematic, state-wide process for planning, designing, measuring, assessing, evaluating and improving performance include the following components:

- *Develop a planning mechanism* incorporating baseline data from external and internal sources and input from leadership, staff and clients. Clinical, psychosocial, operational and programmatic aspects of patient care will be reviewed.
- *Emphasize design* needs associated with new and existing services, patient care delivery, work flows and support systems which maximize results and enhance client, physician, and staff satisfaction.
- *Evolve and refine measurement* systems for identifying trends in care by regularly collecting and evaluating patient care data across the continuum.
- *Employ assessment* procedures to determine efficacy and appropriateness of services delivered and whether opportunities for improvement exist.
- *Focus on improving* quality in all dimensions by implementing multidisciplinary, data driven, evidenced based teams and encouraging participatory problem solving.
- *Promote communication*, dialogue and information exchange across the STD/HIV Division and throughout the state, regarding data findings, analyses, conclusions, recommendations, actions and evaluations pertaining to performance improvement.
- *Strive to establish collaborative relationships* with diverse stakeholders and community agencies to collectively promote the health and welfare of the community served.

## **B. Quality Initiatives**

### **Retention in Care: Hepatitis C**

- 95% of HIV patients will have a Hepatitis C (HCV) screening performed at least once since diagnosis of HIV.
- 50% of patients with a diagnosis of HIV and who are identified as high risk (MSM and/or IDU) will have annual Hepatitis C (HCV) screening performed in the measurement year.(New measure and no baseline data)

### **Viral Suppression**

- 85% of patients, over the age of 24 months, with a diagnosis of HIV/AIDS will have a viral load less than 200 copies/mL at last viral load test during the measurement year.

## **C. Planned Activities for CY 2015:**

- **Activity One**

The Quality Management Steering committee will meet in January and July of 2015. Performance measures from various initiatives will be reviewed in order to establish a standard set of performance measures for evaluation across Ryan White All Parts. The QM Steering committee will select and monitor performance measures for CY 2015 (Appendix C and D).

- **Activity Two**

The Clinical Report Card will be enhanced to support the new and/or revised performance measures for CY 2015 evaluation.

- **Activity Three**

Receive technical assistance from the National Quality Center (NQC) for the QM Management Plan and QM Steering Committee. The QM coordinator will attend the NQC TQL training.

- **Activity Four**

Implement the ADAP Clinical Review Process for inappropriate ARV regimens and/or adverse events.

- **Activity Five**

Develop an enhanced Implementation Plan in *Provide Enterprise* that includes performance outcomes for each planning activity (i.e. viral suppression, in care outcomes).

- **Activity Six**

DHEC Ryan White quality management coordinator will continue to conduct QM site visits at least annually in order to assess adherence to established standards, monitor performance and assist providers with improvement activities in order to improve care and services provided. Continue to monitor PDSA cycles completed by providers.

**Activity Seven**

Continue to implement the RW Part B and Viral Hepatitis Integration Plan.

- **Activity Eight**

Continue to work with the DHEC statewide Data to Care project and Outreach Program Initiative, the initiatives will be introduced to providers with plans for future implementation.

- **Activity Nine**

Provide Technical Assistance to RW funded providers per request for quality improvement activities (statewide or individual provider level).

- **Activity Ten**

Provide assistance/training on Quality Management Plan for Ryan White service providers.

- **Activity Eleven**

Enhance medical provider data collection tool and Update Patient Clinical Summary in PE.

- **Activity Twelve**

Schedule Clinical Care Provider's meeting (formerly Physician Advisory Committee)

- **Activity Thirteen**

Present the annual QM report at the All Parts meeting to be held December 2015.

## **Evaluation**

### **Evaluation**

The QM program will evaluate the quality infrastructure and activities to ensure that the quality program aligns with its overall purpose. The program will continuously evaluate strengths, opportunities for improvement and implement strategies for improvement as identified. Based on those findings, organizations will review the annual goals, refine and implement improvement strategies for the following year. Listed below are several, but not limited, evaluation methods that are utilized by the quality management program:

#### **A. Quality Management Site Visit and Clinical Report Card Review.**

The quality management site visit to Part B providers includes the following objectives:

- Review Clinical Report Card, comparing provider data to prior performance as well as comparison to the SC state average/benchmark and numeric goal/target. The report card enables providers to identify areas for improvement and develop a plan of action for improvement. The data review also allows providers to identify and discuss the strengths of the services delivered, to include discussion of the processes and systems of care currently in place.

- Allow providers to identify and discuss gaps/opportunities for improvement in the delivery of services to include:
  - Define opportunity/opportunities for improvement
  - Establish goals for improvement
  - Develop and implement a plan of action for identified improvement opportunities, monitor improvement strategies/interventions and revise as needed.
  - Develop, complete and update the PDSA improvement cycle
    - Utilize additional continuous quality improvement methodologies to include but not limited to the following:
      - flow chart analysis,
      - cause and effect diagram,
      - brainstorming,
      - observational studies,
      - activity logs
- Encourage and assist providers to become pro-active in the approach to continuous quality improvement
  - Continuously monitor and evaluate outcome/performance data
    - Develop and implement change strategies for identified improvement opportunities
- Identify training/educational needs
  - HIV
  - Viral Hepatitis
  - Other: i.e. Technical Assistance

## **B. ADAP**

ADAP works in collaboration with the RW statewide QM Program to ensure that:

- Persons living with HIV/AIDS who are eligible for treatment are receiving those services.
- Treatment paid for by SC ADAP is consistent with PHS Guidelines and adheres to the Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents.
- A Clinical Review Process for ADAP has been implemented in 2015. This review process is a collaborative, multidisciplinary approach for the review of anti-retroviral medications which includes, but is not limited to following: formulary, prior authorization, dispensing, inappropriate antiretroviral (ARV) regimen, duplication, prescribing/ordering, adverse reaction, and medication interaction.

- DHEC provides training opportunities for medical and support staff and works closely with the AIDS Education Training Center (AETC) to ensure continuous medical education opportunities are available.
- The SC ADAP Medical Consultant also serves a dual role in ADAP, Ryan White Part B, and as an Infectious Disease physician at the Columbia based Ryan White Part B Immunology Center at the University of South Carolina, which is a host site for the AETC. This supports strong ties between ADAP and the AETC, thereby providing continuing medical education programs for healthcare practitioners. It also provides a venue for the ADAP Medical Consultant to disseminate information related to clinical best practices to medical care providers.
- Smoking cessation products were added to the ADAP formulary in 2015.

### **C. Clinical Quality Improvement System Upgrades: Provide Enterprise**

Provide Enterprise (PE) allows for customization, therefore allowing providers to capture and store the full continuum of medical and support services provided to RW clients. Systematic modifications within PE support continuous quality improvement, therefore continuing to meet the evolving changes within the HIV care continuum. Several significant improvements include:

- Medical Encounter Summary
- Patient Clinical Summary
- RSR Completeness Reports
- Clinical Report Card Enhancements
- ADAP Improvements

### **D. Electronic Health Records Integration/Interface.**

Technical assistance will be provided to medical care providers who develop a HIV care pre-visit template in the Electronic Health Record

### **E. Medical Case Management Graduation Module**

The MCM Graduation Module will eventually report clients achieving self-sufficiency of their HIV care as they graduate from MCM services.

### **F. Improvement plans will be communicated to all appropriate staff and if indicated to clients/consumers.**

- Appendix E - Activity Schedule



## **G. Process to Update QM Plan**

The QM plan is reviewed and updated annually by the quality coordinator in consultation with Ryan White staff and the QM Steering Committee.

## **H. Communication**

Information will be communicated to providers on an ongoing basis, through the Quality Management Steering Committee meetings, STD/HIV Division - Statewide All Parts meetings with stakeholders, and at the HIV Planning Council meetings.

# **Capacity Building**

## **Capacity Building**

The STD/HIV Division, HIV Care & Support Services have received technical assistance from the National Quality Center (NQC) beginning in January 2007 and are working with NQC again in 2015. The technical assistance developed the STD/HIV Division, and the Ryan White Programs' capacity and quality management infrastructure. The Quality Management Coordinator continues to develop the necessary skills to manage the QM program for the Division. The STD/HIV division also continues to ensure that continuous medical education training opportunities are available, via the AIDS Education Training Center (AETC), to providers. The NQC will be utilized and referenced as a resource for quality improvement training opportunities. Referrals are made to the DHEC STD/HIV Division's Viral Hepatitis Coordinator for Viral Hepatitis trainings and to the Program Coordinator: Capacity Building and Social Marketing for trainings related to HIV prevention, care and treatment, as well as special request training.

## **Acknowledgements**

Health Resources and Services Organization (HRSA)

National Quality Center (NQC)

South Carolina Department of Health and Environmental Control (DHEC)

**APPENDIX A:**  
**2015 Part B Ryan White and HOPWA Reporting Schedules**

<b>Due Date</b>	<b>Report Description</b>
1/15/2015	<ul style="list-style-type: none"> <li>• RW/HOPWA/MAI/EC/SAF/Special Projects Quarterly Expenditures Report (reporting period 10/1/14 –12/31/14)</li> </ul>
2/3/2015	<ul style="list-style-type: none"> <li>• <i>Provide Enterprise</i> RSR Completion Reports and the RSR XML file due in the PE Portal (reporting period 1/1/14-12/31/14)</li> </ul>
3/2/2015	<ul style="list-style-type: none"> <li>• RW Program Service Report - RSR (Client Level Data) due directly to HRSA through Electronic Handbooks (EHB) (reporting period 1/1/14 – 12/31/14)</li> <li>• RSR Client/Clinical Service Summary Due to DHEC (reporting Period 1/1/14-12/31/14)</li> </ul>
4/15/2015	<ul style="list-style-type: none"> <li>• RW/MAI/HOPWA/EC/SAF/Special Projects/Supplemental Quarterly Expenditures Report (reporting period 1/1/15 –3/31/15)</li> <li>• RW/MAI/HOPWA/EC/Special Projects Year End Expenditures Report (reporting period 4/1/14– 3/31/15)</li> <li>• RW Year End Programmatic Report (reporting period 4/1/14 – 3/31/15)</li> <li>• WICY Report (reporting period 4/1/14 – 3/31/15)</li> <li>• RW Year End Implementation Plan Report (reporting period 4/1/14 –3/31/15)</li> </ul>
4/30/2015	<ul style="list-style-type: none"> <li>• HOPWA CAPER (reporting period 4/1/14 – 3/31/15)</li> </ul>
6/2015	<ul style="list-style-type: none"> <li>• MAI Year End Programmatic Report (reporting period 4/1/14 – 3/31/15)</li> </ul>
7/1/2015	<ul style="list-style-type: none"> <li>• QM Data – Clinical Report Cards (reporting period 1/1/14-12/31/14)</li> </ul>
7/15/2015	<ul style="list-style-type: none"> <li>• RW/HOPWA/MAI/EC/SAF/Special Projects/Supplemental Quarterly Expenditures Report (reporting period 4/1/15 – 6/30/15)</li> </ul>
October 2015	<ul style="list-style-type: none"> <li>• Grant Application Information, including Annual QM Plan and Annual Needs Assessment Summary due to DHEC</li> </ul>
10/15/2015	<ul style="list-style-type: none"> <li>• RW/HOPWA/MAI/EC/SAF/Special Projects/Supplemental Quarterly Expenditures Report (reporting period 7/1/15 – 9/30/15)</li> <li>• RW and EC Mid-Year Programmatic Report (reporting period 4/1/15 – 9/30/15)</li> <li>• RW and EC Mid-Year Implementation Plan Report (reporting period 4/1/15 – 9/30/15)</li> <li>• Supplemental Year End Expenditure Report (reporting period 9/30/14-9/29/15)</li> <li>• Supplemental Year End Programmatic Report (reporting period 9/30/14-9/29/15)</li> <li>• Supplemental Year End Implementation Plan Report (reporting period 9/30/14-9/29/15)</li> </ul>
12/1/2015	<ul style="list-style-type: none"> <li>• HOPWA Mid-Year Programmatic Report (reporting period 4/1/15 – 9/30/15)</li> <li>• MAI Mid-Year Programmatic Report (reporting period 4/1/15 – 9/30/15)</li> </ul>

**APPENDIX B:**  
**2015 Part D Ryan White and HOPWA Reporting Schedules**

<b>Due Date</b>	<b>Report Description</b>
2/3/2015	<ul style="list-style-type: none"> <li>▪ RSR Completion Report and XML File to DHEC (reporting period 1/1/14- 12/31/14)</li> </ul>
2/17/2015	<ul style="list-style-type: none"> <li>▪ 2<sup>nd</sup> Quarter Programmatic Report (reporting period 11/1/14-1/31/15)</li> <li>▪ 2<sup>nd</sup> Quarter Financial Report/Special Projects (reporting period 11/1/14-1/31/15)</li> </ul>
3/2/2015	<ul style="list-style-type: none"> <li>▪ Ryan White Service Report – RSR (Client Level Data) due directly to HRSA through EHB (reporting period 1/1/14-12/31/14)</li> <li>▪ RSR Client/Clinical Service Summary Report Due to DHEC (reporting period 1/1/2014-12/31/14)</li> </ul>
5/15/2015	<ul style="list-style-type: none"> <li>▪ 3rd Quarter Programmatic Report (reporting period 2/1/15-4/30/15)</li> <li>▪ 3rd Quarter Financial Report/Special Projects (reporting period 2/1/15-4/30/15)</li> </ul>
July 2015	<ul style="list-style-type: none"> <li>▪ Pediatric Clinic Site Visit (USC IC Visit in October)</li> </ul>
8/17/2015	<ul style="list-style-type: none"> <li>▪ 4th Quarter Programmatic Report (reporting period 5/1/15-7/31/15)</li> <li>▪ 4th Quarter Financial Report/Special Projects (reporting period 5/1/15-7/31/15)</li> <li>▪ Grant Closeout Information (reporting period 8/1/14-7/31/15)</li> </ul>

## APPENDIX C: Performance Measures

SC QM #	HIV Care Continuum	Target %	Measure	Numerator	Denominator
1.0	Linkage	30%	Percentage of patients with a diagnosis of Stage 3 HIV (AIDS) within 3 months of diagnosis of HIV	Number of persons with a diagnosis of Stage 3 HIV infection (AIDS) within 3 months of diagnosis of HIV infection in the 12-month measurement period	Number of persons with an HIV diagnosis in the 12-month measurement period
2.0	Antiretroviral Therapy (ART)	95%	Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year	Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year
3.0	Retention (Quality of Care)	95%	Percentage of patients aged 6 weeks or older with a diagnosis of HIV/AIDS, who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis (Use the numerator and denominator that reflect patient population.)	Numerator 1: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 200 cells/mm	Denominator 1: All patients aged 6 years and older with a diagnosis of HIV/AIDS and a CD4 count below 200 cells/mm, who had at least two visits during the measurement year, with at least 90 days in between each visit
4.0	Retention (Quality of Care)	65%	Percentage of patients aged 3 months and older with a diagnosis of HIV/AIDS, for whom there was documentation that a tuberculosis (TB) screening test was performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection	Patients for whom there was documentation that a tuberculosis (TB) screening test was performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection. <b>[NOTE: Results from the tuberculin skin test must be interpreted by a health care professional.]</b>	All patients aged 3 months and older with a diagnosis of HIV/AIDS, who had at least two visits during the measurement year, with at least 90 days in between each visit.
5.0	Retention (Quality of Care)	90% ongoing patients  95% new HIV diagnosis	Percentage of adult patients with a diagnosis of HIV who had a test for Syphilis performed within the measurement year	Number of patients with a diagnosis of HIV who had a serologic test for Syphilis performed at least once during the measurement year	Number of patients with a diagnosis of HIV who: <input type="checkbox"/> were ≥18 years old in the measurement year or had a history of sexual activity < 18 years, and <input type="checkbox"/> had a medical visit with a provider with prescribing privileges at least once in the measurement year
6.0	Retention (Quality of Care)	80% ongoing patients  95% new HIV diagnosis	Percentage of patients with a diagnosis of HIV at risk for sexually transmitted infections (STIs) who had a test for Chlamydia, Gonorrhea & other STIs performed within the measurement year	Number of patients with a diagnosis of HIV who had a test for Chlamydia, Gonorrhea & other STIs performed at least once during the measurement year	Number of patients with a diagnosis of HIV who: <input type="checkbox"/> were ≥18 years old in the measurement year or had a history of sexual activity < 18 years, and <input type="checkbox"/> had a medical visit with a provider with prescribing privileges at least once in the measurement year
7.0	Retention (Quality of Care)	95%	Percentage of patients for whom Hepatitis C (HCV) screening was performed at least once since diagnosis of HIV	Number of patients with a diagnosis of HIV who have documented HCV status in chart	Number of patients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year
8.0	Retention (Quality of Care)	50%	Percentage of patients with a diagnosis of HIV and are high risk (MSM and/or IDU) who had annual Hepatitis C (HCV) screening performed in the measurement year	Number of patients with a diagnosis of HIV with high risk factors of MSM and/or IDU, who had annual HCV screening performed in the measurement year	Number of patients with a diagnosis of HIV with high risk factors (MSM and/or IDU), who had a medical visit with a provider with prescribing privileges at least once in the measurement year
9.0	Retention (Quality of Care)	50%	Percentage of patients with a diagnosis of HIV who completed the vaccination series for Hepatitis B	Number of patients with a diagnosis of HIV with documentation of having ever completed the vaccination series for Hepatitis B	Number of patients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year
10.0	Retention (Quality of Care)	75%	Percent of patients with a diagnosis of HIV who received an oral exam by a dentist at least once during the measurement year	Number of patients with a diagnosis of HIV who had an oral exam by a dentist during the measurement year, based on patient self-report or other documentation	Number of patients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year
11.0	Retention (Quality of Care)	85%	Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year	Number of medical case management patients who had a medical case management care plan developed and/or updated two or more times which are at least three months apart in the measurement year	Number of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year
12.0 A	Retention (Quality of Care)	75%	Percentage of patients, over the age of 24 months, with a diagnosis of HIV/AIDS who had at least one medical visit with a provider with prescribing privileges in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits	Number of patients with at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period compared to the last medical visit in the subsequent 6-month period	Number of patients, over the age of 24 months, with a diagnosis of HIV/AIDS with at least one medical visit with a provider with prescribing privileges in the first 6 months of the 24-month measurement period
12.0 B	Retention (Quality of Care)	80%	Percentage of medical case management patients, over the age of 24 months, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits	Number of medical case management patients in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period	Number of medical case management patients, over the age of 24 months, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 24-month measurement period

SC QM#	HIV Care Continuum	Target %	Measure	Numerator	Denominator
13.0 A	Retention (Quality of Care)	25%	Percentage of patients, over the age of 24 months, with a diagnosis of HIV/AIDS who did not have a medical visit with a provider with prescribing privileges in the last 180 days of the measurement year	Number of patients who had no medical visits in the last 180 days of the measurement year	Number of patients, over the age of 24 months, with a diagnosis of HIV/AIDS who had at least one medical visit with a provider with prescribing privileges in the first 6 months of the measurement year
13.0 B	Retention (Quality of Care)	20%	Percentage of medical case management patients, over the age of 24 months, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year	Number of medical case management patients in the denominator who did not have a medical visit in the last 6 months of the measurement year	Number of medical case management patients, over the age of 24 months, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year
14.0 A	Viral Suppression	85%	Percentage of patients, over the age of 24 months, with a diagnosis of HIV/AIDS with a viral load less than 200 copies/mL at last viral load test during the measurement year	Number of patients with a viral load less than 200 copies/mL at last viral load test during the measurement year	Number of patients, over the age of 24 months, with a diagnosis of HIV/AIDS with at least one medical visit with a provider with prescribing privileges in the measurement year
14.0 B	Viral Suppression	60%	Percentage of patients, over the age of 24 months, with sustained viral suppression (VL <200 for ≥ 2 years), who had at least 1 medical visit in the measurement year	Number of patients with most recent viral load test less than 200 copies/mL (VL<200) in the measurement year AND the prior measurement year	Number of patients, over the age of 24 months, with a diagnosis of HIV/AIDS with at least one medical visit with a provider with prescribing privileges in the measurement year

## APPENDIX D: ADAP Performance Measures

SC ADAP QM#	HIV Care Continuum	Target %	Measure	Numerator	Denominator
A-1.0	ART	95%	Percent of SC ADAP applications approved or denied for new SC ADAP enrollment within 14 days (two weeks) of SC ADAP receiving a complete application in the measurement year	Number of applications that were approved or denied for new SC ADAP enrollment within 14 days (two weeks) of SC ADAP receiving a complete application in the measurement year	Total number of complete SC ADAP applications for new SC ADAP enrollment received in the measurement year
A-1.0a	ART	5%	Percent of SC ADAP applications that were incomplete and returned to provider	Number of applications submitted to SC ADAP that were incomplete or incorrectly filled out	Total number of SC ADAP applications (complete or incomplete) for new SC ADAP enrollment received in the measurement year
A-2.0	Retention (Quality of Care)	85%	Percentage of SC ADAP enrollees who are reviewed for continued SC ADAP eligibility two or more times in the measurement year.	Number of SC ADAP enrollees who are reviewed for continued SC ADAP eligibility at least two or more times which are at least 150 days apart in the measurement year.	Number of clients enrolled in SC ADAP in the measurement year.
A-2.0a	Retention (Quality of Care)	5%	Percent of SC ADAP recertification that were incomplete and returned to provider	Number of recertification submitted to SC ADAP that were incomplete or incorrectly filled out	Total number of SC ADAP recertification (complete or incomplete) for continued SC ADAP enrollment received in the measurement year
A-2.0b	Retention (Quality of Care)	95%	Percent of SC ADAP recertification approved or denied for continued SC ADAP enrollment within 14 days (two weeks) of SC ADAP receiving a complete recertification in the measurement year	Number of recertification that were approved or denied for continued SC ADAP enrollment within 14 days (two weeks) of SC ADAP receiving a complete recertification in the measurement year	Total number of complete SC ADAP recertification for continued SC ADAP enrollment received in the measurement year
A-2.0c	Retention (Quality of Care)	15%	Percentage SC ADAP enrollees who were closed for "no recertification" in the measurement year	Number of SC ADAP enrollees who were closed for "no recertification" in the measurement year	Number SC ADAP enrollees " in the measurement year
A-3.0	ART	100%	Percentage of new anti-retroviral classes that are included in the SC ADAP formulary within 90 days of the date of inclusion of new anti-retroviral classes in the PHS Guidelines for the Use of Antiretroviral Agents in HIV-1-infected Adults and Adolescents during the measurement year.	Number of new anti-retroviral classes included into the SC ADAP formulary within 90 days of the publication of updated PHS Guidelines for the Use of Antiretroviral Agents in HIV-1-infected Adults and Adolescents that include new anti-retroviral drug class during the measurement year.	Total number of new antiretroviral classes published in updated PHS Guidelines during the measurement year.
A-4.0	Retention (Quality of Care)	100%	Percent of identified inappropriate antiretroviral (ARV) regimen components prescriptions that are resolved by the SC ADAP program during the measurement year.	Number of antiretroviral (ARV) regimen components prescriptions included in the US Public Health Service Guidelines, "Antiretroviral Regimens or Components That Should Not Be Offered At Any Time" and "Antiretroviral Regimens or Components That Should Not Be Offered for Treatment of Human Immunodeficiency Virus (HIV) Infection in Children" that are resolved by the SC ADAP program during the measurement year.	Number of inappropriate antiretroviral (ARV) regimen components prescriptions included in the US Public Health Service Guidelines, "Antiretroviral Regimens or Components That Should Not Be Offered At Any Time" and "Antiretroviral Regimens or Components That Should Not Be Offered for Treatment of Human Immunodeficiency Virus (HIV) Infection in Children" that are identified by SC ADAP

## APPENDIX E: Activity Schedule

<b>Activities</b>	<b>Person Responsible</b>	<b>Frequency</b>
Review QM goals and assess for relevance.	Ryan White Manager, QM Coordinator, ADAP Manager, Data Manager, and QM Steering Committee	Annually
Review mission and vision statement to determine relevance.	Ryan White Manager, QM Coordinator, ADAP Manager, and QM Steering Committee	Every 1-3 years
Approve and finalize QM plan	Ryan White Manager, QM Coordinator, ADAP Manager, and QM Steering Committee	Annually
Evaluate QM program	Ryan White Manager, QM Coordinator, ADAP Manager, Data Manager, and QM Steering Committee	Annually
Review epidemiological data to identify gaps in medical service delivery.	Ryan White Manager, QM Coordinator, Data Manager, and QM Steering Committee	Annually
Conducts needs assessments to identify gaps in supportive service delivery and coordinates these efforts in conjunction with assessments conducted by Part B.	Ryan White Part B Providers	Annually
Conducts client satisfaction surveys to determine quality improvement needs at the service delivery level.	Ryan White Providers	Ongoing
Engage in continuous performance measurement and quality improvement.	Everyone	Every 6-12 months
Review HIV/AIDS treatment guidelines to assure compliance with the best practices and standards of care.	Everyone	Ongoing